

Severity of Dependence Scale

This questionnaire is going to ask you five questions about your drug use. For each of the five questions we want you to tick the most appropriate response answer.

	Never/ almost never	Sometimes	Often	Always/ nearly always
Do you think your use of (named drug) was out of control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the prospect of missing a fix (or dose) make you anxious or worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about your use of (named drug)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish you could stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not difficult	Quite difficult	Very difficult	Impossible
How difficult do you find it to stop or go without (name drug)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring

Each of the items is scored on a four point scale.

For items 1 to 4:

<i>Response</i>	<i>Score</i>
Never/almost never	0
Sometimes	1
Often	2
Always/nearly always	3

For item 5:

<i>Response</i>	<i>Score</i>
Not difficult	0
Quite difficult	1
Very difficult	2
Impossible	3

The greater the score, the higher the degree of psychological dependence.